

Maryland's Patient Centered Medical Home pilot, coordinated by the Maryland Health Care Commission (MHCC), is now underway. While not all of the pilot details are finalized, the basic outline of the program is in place. Listed below are some frequently asked questions that MHCC has received and answered.

This list will be updated regularly and posted on the PCMH website at: <http://mhcc.maryland.gov/pcmh>.

Carrier and Payer Participation

1. What carriers will be participating in Maryland's Patient Centered Medical Home (PCMH) Pilot?

Aetna, CareFirst BlueCross BlueShield, CIGNA, United Healthcare, and Coventry are required to participate under the law establishing the Maryland PCMH Program.

2. Will Medicaid and/or Medicaid Managed Care Organizations (MCOs) participate in Maryland's PCMH Pilot?

Yes, the Medicaid MCOs will participate, but their commitments are subject to limitations in spending that result from the current State budget challenges.

3. Will the Pilot include Medicare?

The Centers for Medicare and Medicaid Services (CMS) recently announced a six state Multi-payer Advanced Primary Care Practice Demonstration project to allow Medicare to participate in state-sponsored PCMH pilots. Maryland intends to submit an application. We expect CMS to announce awards by early November 2010.

Provider Participation

1. What are the selection criteria for providers?

Maryland's Patient Centered Medical Home Pilot will accept applications from primary care providers – family practice, internal medicine, geriatric and pediatric physicians, and nurse practitioners – throughout the State. The Pilot aims to select a wide-range of practices. The selection criteria will include geographic diversity, as well as, practice size and type of ownership, such as physician-owned, hospital-owned, part of a faculty practice organization, and Federally Qualified Health Centers (FQHCs). The expression of interest form includes additional criteria that the Pilot will use.

2. Since nurse practitioner-led practices are not recognized by NCQA and NCQA recognition is required, can they participate?

NCQA has agreed to review nurse practitioner-led practice applications and forward the details of those evaluations to MHCC. MHCC will recognize the practices that meet the Level 1+ and Level 2+ requirements for purposes of the Pilot. These practices will not be recognized on the NCQA website.

3. Do all providers in a multi-site practice have to participate in the PCMH Pilot?

If a practice has multiple sites, it will designate the sites that will participate. All providers at a selected-practice site will need to participate in the Pilot. Maryland's PCMH Pilot program requires that practice sites to submit an application for NCQA PPC-PCMH recognition within about 6 months from the start of the program. PPC-PCMH recognition is site specific and assumes that all providers working at the site participate. Designating specific sites may be an effective strategy as it is unlikely that all practice sites could be selected to participate.

4. Are providers that are participating in the CareFirst BlueCross BlueShield Patient-Centered Medical Home Demonstration Program eligible to apply for Maryland's PCMH Pilot?

MHCC and CareFirst are both committed to that objective, but nothing has been finalized at this time.

5. Does a practice have to be in-network with all commercial carriers to participate in the pilot?

No, a practice does not have to be in-network with all carriers. A practice can only receive additional payments from those carriers with which it has a contract. If the practice is not in-network with at least 2 of the 5 commercial carriers mandated to participate in this program, it may not be cost effective for the practice to participate in the Pilot.

Patient Participation

1. How will participating Pilot providers inform their patients about the program?

MHCC will work with participating providers to design outreach materials for engaging patients in the program. Providers will be responsible for ensuring that basic information regarding the Pilot reaches all patients in the practice's panel. The letter to patients will inform them of their right to opt-out of Maryland's PCMH Pilot. Patients who choose not to be counted in the Pilot will continue to receive the same quality of care that they had received previously. The practice will not receive a per patient per month (PPPM) reimbursement for those patients and they will not be included in quality measurement.

2. If a patient opts out, will s/he be able to opt-in at a later date?

Yes, we will periodically update patient attribution to account for patients joining and leaving the practice.

3. How will patients be attributed to a Pilot practice?

At this time, we anticipate that each practice will provide a list of its patients and the patients' insurers to MHCC. These will be matched against carrier enrollment records and claims histories. A patient will be assigned to the practice where s/he receives the most primary care services. Primary care services will be calculated using the E&M encounters for the previous two years. If no medical claims are present, then the patient will be linked through pharmacy claims, if possible. A process will be worked out to attribute patients that have changed carriers in the previous two years, but have remained with the same practice.

4. If a practice has multiple locations, how will patients at the various practice locations be included in the Pilot?

In Maryland's PCMH Pilot, each practice location, whether or not it is part of a larger group practice, will have to apply to participate. This reflects the NCQA's PPC-PCMH Recognition standards which allocate recognition by practice location. Patients at a selected practice location will be eligible to participate in the Pilot.

Provider Payment and Incentives

1. Is Maryland's PCMH Pilot payment structure different from a managed care capitation payment?

Yes, Maryland's PCMH Pilot is designed to offer providers a fixed and incentive payment in addition to the fee-for-service payment they receive for treating patients. Neither the fixed nor the incentive payments are global capitation payment for all patient treatment services.

2. What type of payment can I expect as a PCMH Pilot practice?

In addition to the regular fee-for-service payments, there are two types of enhanced reimbursement. Practices will receive a per patient per month (PPPM) payment for attributed patients. This will offset expenses associated with providing PCMH services. The payment will be paid in a lump sum, either quarterly or semi-annually. Payments will be adjusted by the number of patients in a practice, payer category (commercial, Medicaid, Medicare) and NCQA Level of recognition.

Practices will also be eligible to share in cost savings from reductions in emergency department and hospital utilization.

3. When will a Pilot practice be eligible to receive the fixed PPPM payments?

It is understood that there are upfront expenses associated with becoming a medical home and practices will require investment to begin operating as medical homes.

Once patients are attributed to practices, the carriers will either start making payments when the practice attests to meeting NCQA Level 1+ Recognition or when the practices are ready to submit their NCQA application. Applications usually take three months to be processed.

4. How will fixed and incentive payments be made?

Fixed payments will be made to practices directly from carriers either as a quarterly or semiannually. Incentive payments will be calculated and made retrospectively. Practices will have to meet a threshold of quality measures before they will be eligible to receive incentive payments. Quality measures are not yet finalized. Practices will be responsible for disbursing the fixed and incentive payments among the providers at their participating practice location.

Practice Requirements

1. What does NCQA Level 1+ and Level 2+ mean?

Maryland is considering designating “must pass” elements within each of the nine NCQA domains. These elements have been more strongly linked to potential reductions in costs to the purchasers and patients and, as such, are a priority. These elements are also a priority for the Centers for Medicare and Medicaid Services (CMS) demonstration.

2. Will practices be required to pay the NCQA application fee?

The Maryland Health Care Commission is working to obtain external funding to cover practices’ NCQA application fees. At this time, the Commission has not identified a funding source, but will notify Pilot practices when and if funding becomes available. Fees for first-time applications include a standard \$80 for the survey tool license and \$450 per physician. If a practice has six or more physicians, the fee is \$2,700 for all physicians practicing at the site applying for recognition.

3. Will practices be required to have an operating Electronic Health Record to participate in the Pilot?

No, practices will not be required to have an operating EHR to participate in the Pilot *initially*. The Pilot will require practices to have a registry, either as part of an Electronic Health Record, or as a stand-alone program, to meet NCQA Level 1+ recognition. However, to achieve Level 2+, an EHR with decision support is required. Practices need to reach Level 2+ within 18 months of becoming a Pilot practice.

4. Will practices be required to have NCQA PPC-PCMH Recognition prior to applying for the Pilot?

No, the Pilot requires that practices obtain NCQA Level 1+ or higher recognition within 6 months of the commencement of the Pilot on January 4, 2011 and NCQA Level 2+ or higher recognition within 18 months of the Pilot commencement.

Quality Measurement

1. Will practices be responsible for reporting quality measures during the Pilot?

Yes, practices will be responsible for collecting information on their performance as part of NCQA recognition. Practices will be asked to report process measures for at least one of the following conditions: diabetes, heart/stroke management, and asthma control. Reporting requirements will be aligned with Medicare and Medicaid's electronic health records meaningful use definition for bonus payments and with Medicare's PQRI standards, if possible.

2. Will quality measurement affect Pilot practices' incentive payments?

Practices earn incentive payments based on meeting quality targets.

If You Would Like More Information

- Visit the PCMH website – <http://mhcc.maryland.gov/pcmh> – and submit a question by clicking on “Contact PCMH.”
- Sign up for the PCMH List serve if you would like to keep up-to-date on the latest information about the program, future educational sessions and webinars.
- Email: pcmhpractices@mhcc.state.md.us